ofter death. Page 4

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2365

. 1					
1	PLACE OF DEATH o. COUNTY Jalbat	MARYLAND	2. USUAL RESIDENCE (Where dec	b. COUNTY	nce before admission)
-	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	//// w. W.	orporate limits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of	2hrs. 20 min	d. STREET ADDRESS	eus .	e. IS RESIDENCE
	OR INSTITUTION	C L · VA I	d. SIREET AUDRESS		ON A FARM? YES NO
	3. NAME OF First	Middle	Last 4. DA	ATE Month	Day Yeor
1	OECEASED (Type or print) Winthrop	H F	OF	ATH February	25 1961
	N/ 1/12		B. DATE OF BIRTH	9. AGE (In years IFUNDE last birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
	WIDOWE		MOD. 7,1873	yrs.	
	100. USUAL OF CUPATION (Give kind of work done during more of working life, even if retired)	unt Mist Office	TRY 11. BIRTHPLACE (State or forei	gn country) 12.CII	TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Blakesle		14. MOTHER'S MAIDEN NAME	Lells.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no opturknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT STATE OF	Address	will.
	18. CAUSE OF DEATH Enter only one couse peg lin	o for (a) (b) and (c)]	This raincegn 1 h	c may	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED 8Y:	hacedial	hela ctro	~	ONSET AND DEATH
	720 DUE TO	la colo	15 01- 1	7)	0.4-
	Conditions, if ony, which gave rise to immediate	tenoscier	Oto Heary.	kjeas	year
	couse (a), stoting the under-				0
	, (0)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTORSY
	ICATIO				PERFORMED YES NO
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I o	r Part II of item 18.)	
	ZOc. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. 19 While at wark	Not while foo	ACE OF INJURY (Home, farm, 20f. tory, street, office bldg., etc.)	(City or town)	(County) (Stote)
	21. I certify that (I) (this haspital) attend	61	1000	to 2/21 19	that (I) (we) last
þ	saw the deceased alive an 220. SIGNATURE	190 , and that d	eath accurred ALZOAM, fr	am the causes and an th	ne date stated abave.
	Krece	11	M.D. PHYS. MED. DIRECTOR	R STAFF PHYS.	2/25/6/PED
	22c. PHYSICIAN'S Sheperd KI	rech, sr.	EASTO.	N, Md.	/ / / /
	230 BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY O	REMATORY 23d.	CONTION (City, town, or county)	Manager (State)
5	24. FUNERAL PRINCIPALS SICKATURES	MODRES	25a. REC'D BY RI		IGNATURE
è	1 Coloredan	Lacelon	MLC DATE EB 2 8	61 Chilling &	Firmed

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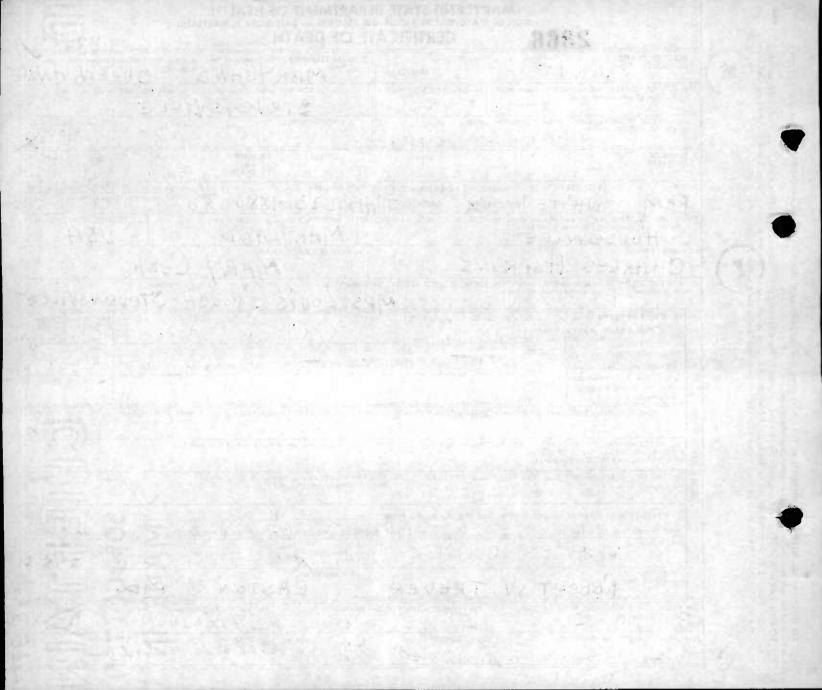
MARYLAND STATE DEPARTMENT OF HEALTH

MORE 1, MARYLAND

DIVISION	OF STATISTICAL RESEARCH AND	RECOR	DS - BALT	IV
2366	CERTIFICATE	OF	DEATH	
				_

	2366 CERTIFICA	ATE OF DEATH	02354 /
	LACE OF DEATH COUNTY A DO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside. STATE AR LAND COUNTY	Jeen ANNI
	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ASTON C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outlide corporate limits, write RURAL and	d'give nearest town)
	OR INSTITUTION Memory in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	IAME OF FIRST PRINTING MIDDLE	BROWN 4. DATE OF DEATH Teb,	Day Yeor (5 19 6/
S. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	APRIL 23 -1880 9. AGE (In years last birthday) Months	ER I YEAR IF UNDER 24 HRS. Doys Hours Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	MARYLAND	USA COUNTRY?
	CHARLES HOPKINS	14. MOTHER'S MAIDEN NAME MARY COOK	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give war or dates of service)	ARS. Louis CROUCH-STE	VENSVILLE
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cardial infarction	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) DUE TO Conditions, if ony, which)	elerotie Reart disea	Re Unknow
	gove rise to immediate cause (o), stating the <u>under-lying cause lost.</u> DUE TO (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH B</u>	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I ar Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Haur a. m. p. m. 19 While at work at work 19 at work 19	PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased olive an	n 19 , to 19 t death occurred at OAM, from the causes and on t	the date stated above.
	220. SIGNATURE Robert W. Trever	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S ROBERT W. TREVER	EASTON ME	> 1
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DURIAL (Specify)	07	y) (Stote)
24.	UNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S CARTLING	SIGNATURE S. Thous

VR A1S (4) 1SM 9/S9



VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2367

CERTIFICATE OF DEATH

Reg. Dist. No. (12345)

		10 42 43							reg. Dist.	110.
1. PLACE O	OF DEATH	Talbot		MARYLA		o. STATE Mary	(Where decease 7 land	d lived. If institut b. COUNTY		
b. CITY C	OR TOWN (If a lond give negree Michigan	outside corporote limi rest town) IACIS -ru	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (outside corpo		RURAL ond give	nearest town)
d. NAME OR IS	STITUTION VI	(If not in hospitol, g	ive street	oddress) Home		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME C DECEASE (Type or	ED	DENN		Middle		BURROWS	4. DATE OF DEATH	Moi Feb	ruary	Day Yeor 3. 1961
5. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED ED MORCED [arch 22,	1874	9. AGE (In years lost birthdoy) 86 yrs.	Months Do	EAR IF UNDER 24 HE
10a. USUAL during	Water	g life, even if retired	done 10b.	Seafood		St. Mi	chael	country)	12. CITIZEN	SA
		iam H. B	urro	ow s				Stoker		
15. WAS DE (Yes, no, or un NO		IN U. S. ARMED FOR yes, give war or dates of s		SOCIAL SECURITY NO.	_	ance Bur		Ado	chaels	. Md.
g ove couse	rise to imprise the course lost. PART II. OTHER	e under: DUE TO	.)	CONTRIBUTING TO DEATH 48 hs.	7 a H BUT NO Price	T RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GI	VEN IN PART 1(4	o) 19. WAS AUTOPS PERFORMED? YES NO
	NTRIBUTING [IER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)		CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury	in Port I or Po	rt II of item 18.)		
	AE OF INJURY lour o. m. p. m.	Month, Doy, Ye	While			OF INJURY (Home, f , street, office bldg.,		y or town)	(Cou	nty) (Sto
21. I alive ACTUA SIGNAT PHYSIC NAME	an 2	t I attended the	decease 196	,	eath ac	, 1858, to curred at U^2			nd an the d stote)	saw the deceasing the stated above DATE SIGN
220. BURIAL BUR	CREMATION	1/	1961	22c. NAME OF CEMEN				Michael		(Stote)
23. FUNERA	L DIRECTOR'S	-	J\€	ADDRESS	le x		EC'D BY REGIS	TRAR 24b. REG	istrar's sign/ arthur &.	ATURE

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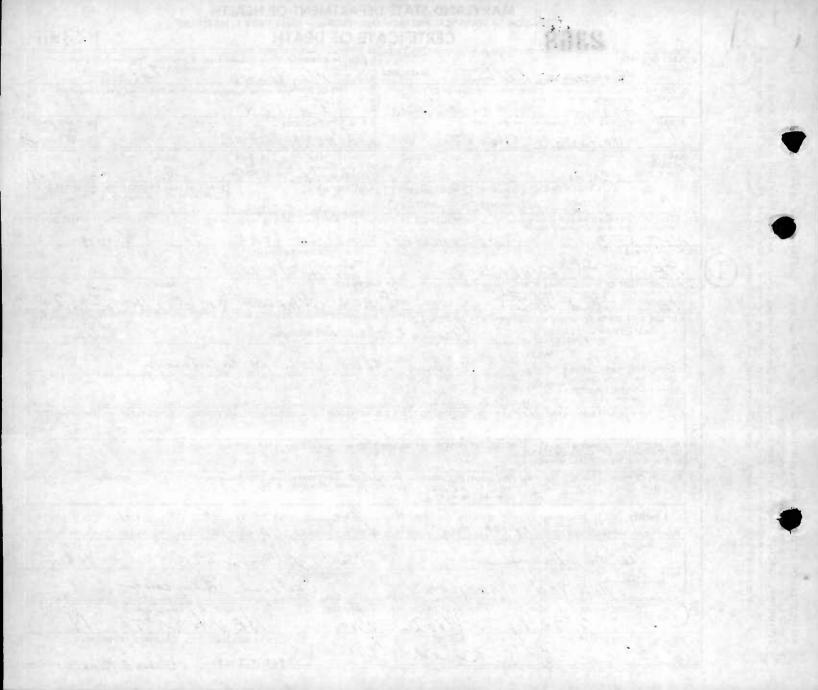
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TO HOSPITAL OR ATTENT & PHYSICIAN: The law requires that the death certificate be eyer ted within 24 ht. difer death. Page 4		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	なり
er death.		funeral	old be f	4
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hin 24 h		filled i	ages 1 a	leath.
ted wit		(mpletel)	pers. P.	s after o
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rtificate		physician	mave co	nt, within
death ce		tending	olease re	the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.
hat the		y the at	Then ;	, and in
equires t	٦.	signed b	t permit.	remova
e law re	may be retained by the in total or attending physician.	as been	al-transi	atian, or
IAN: Th	ending	ficate h	the buri	al, cremo
PHYSIC	tal or at	this cert	ir use as	r to buri
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VR A1S (4) 1SM 9/59

2308	CERTIFICATI	E OF DEATH		0.60.20
1. PLACE OF DEATH	O, y FIIMUCO	USUAL RESIDENCE (Whe	ere deceased lived. If institut	tian: Residence befare admission)
a. COUNTY	MARYLAND	a. STATE MARY	AND 6. COUNTY	TALBOT
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write	RURAL and give nearest tawn)
RURAL and give nearest tawn)	9 /2his	FAST	C NO	P
d. NAME OF HOSPITAL (If nat in hospital, give street addr	ress)	d. STREET ADDRESS	,	e. IS RESIDENCE
OR INSTITUTION Memorial Hery	betal	CHURCH L	LANE	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Hen Ru	Middle Co	virington	4. DATE Mo OF DEATH	
S. SEX 6. COLON OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BUTH	9. AGE (In years last birthday)	
WIDOWED [DIVORCED		903 67 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIN	D OF BUSINESS OR INDUSTR	Y THE BIRTHPLACE (State of	fareign country)	12. CITIZEN OF WHAT COUNTRY
most of working life, even if retired)	AL ESTATE	NEWY	RK	7.50
13. FATHER'S NAME	ALLAINIL	14. MOTHER'S MAIDEN NA		
HENRY P.CARRING	TON	EDA VO	NES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	TIAL SECURITY NO. 17. INFO	RMANT	Adr	dress
XES W.W. NOT	TVE	LYL WALL	ERLOVINGT	TON-EASTON 1
VIB. CAUSE OF DEATH [Enter only one cause per line for	or (9), (b), and (c).]	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cerebral h	en un lage		ONSET AND DEATH
IMMEDIATE CAUSE (a)		0	1 1	
Canditions, if any, which) (b)	Cerebral all	us clusis	& lighertens	un (?)
gave rise to immediate	20100-0-0		//	
cause (a), stating the <u>under.</u> DUE TO lying cause last.				
, , , , ,	TRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMIN	NAL DISEASE CONDITION GO	IVEN IN PART I(a) 19 WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED.	(Enter nature of injury in P	art I ar Part II af item 18.)	
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJUI		E OF INJURY (Home, farm,		(Caunty) (State
20c. TIME OF INJURY Month, Doy, Year 20d. INJUI Hour a.m. 19 of wark	_ I AOI MIIIE	ry, street, affice bldg., etc.)		
		1/4.	10 15 File	
21. I certify that (I) (this hospital) attended	//	Jan 12"	70, to	, 194,, that (I) (we) las
sow the deceased alive on	194/, and that dec	ath occurred of	M, from the couses o	nd on the dote stated obave
22a. SIGNATURE		ATTENDING ME	D STAFF	22b. DATE
22c. PHYSICIAN'S	M.1	D. PHYS. DIR	RECTOR PHYS.	13/206/
NIAME / The same of the same o	RISON	Carta	a hong &	eux-
	3c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, town,	ar county) (State)
REMOVAL (Specify)	MOODLAW	'N/	MEW YORK	(17) /4-1
24. FUNE AL OTRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D	BY REGISTRAR 256, REG	GISTRAR'S SIGNATURE
IN BUCKERS (M	VON au	DATE	D 1 7 101	



VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		2360		CER	TIFICA	TE	OF DEA	TH		1015	0	532	1
	PLACE OF DEATH	LBor			MARYLAND		STATE	E (Where dece	b. COUNT	Y	ence befo		sion)
	b. CITY OR TOWN (IF RURAL ond give nec	arest town)	ston		25 min		Ru	ral Gr	rporate limits, write reensbor		d give ne	05	X
	d. NAME OF HOSPITA OR INSTITUTION	EASTEN 1	Lenio	0 1	erp.	d	. STREET ADDRE	:SS	None			ON A	FARM?
	NAME OF DECEASED (Type or print)	PA	tsv	Ä	Aiddle V V		CARTE	4. DAT OF DEA	_1	62	Do	1	Yeor 19 61
	Female	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIV	AARRIED ORCED	B. DAT	= OF BIRTH -4-194	2	9. AGE (In year last birthday) 18 yr	Months		Hours	Min.
10c	during most of worki	ng life, even if retired	done 10b. i	None	ess or indu	STRY 1	Mary.		n country)	12.0	U.S		COUNTRY
13.	FATHER'S NAME Carlt	on Carte	er			14.	Agne:	DEN NAME S Higr	utt				
15. {Ye	was deceased even	IN U. S. ARMED FOR f yes, give war or dates of		None		orm Lgne		ter Gr	eensbor	idress M	lary.	land	
	PART I. DEAT Canditions, if on gove rise to imcause (a), stating to lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (compared to the compared to	He C	e for (o), (b), on art f yanot trans	d (c).] faile ic c spos	on iti	genit on of	al f	reart d	usla	ON:	ERVAL BE	- ife
TIFICATION	20g. ACCIDENT WAS	ER SIGNIFICANT CON				M	O ILL V		Port II of item 18.)	IVEN IN PA	ART 1(a)	PERFC	AUTOPSY DRMED?
MEDICAL CERTIF	OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	ear 20d. IN While of wark	NJURY OCCURRE Not while of wark	D 20e. PL	ACE Of	F INJURY (Home treet, office bldg	, form, 20f. (1 g., etc.)	City ar town)	·	(County)		(State
	21. I certify that saw the decease 22a. SIGNATURE	(I) (this haspita) attend	//		death	accurred at	195 1.to	m the causes of				b, DATE
	22c. PHYSICIAN'S NAME (Type)	Robert W.			M.D.		PHYS. Daston	MED. DIRECTOR		2/	6/61	4/6	SIGNE
230	BURIAL, CREMATION REMOVAL (Specify) BUTIAL			23c. NAME OF				23d. LO	CATION (City, town	, ar county		(Sto	
24.	JUNERAL DIRECTOR'S	SIGNATURE	Str	ADDRESS	men	m		REC'D BY REC	GISTRAR 256. REG	sistrar's	SIGNATU	IRE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Talbot

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

161 SIGNE

(State)

SIGNED

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(Stote)

YES

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2/6/61

(County)

Months Doys

e. IS RESIDENCE

ON A FARM?

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Year

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PHYSICIAN: The low requires that the deoth certificate be existed within 24	0	er	0
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-	bital or ottending physicion.	frer this certificate has been signed by the ottending physicion and completely filled	d for use as the burial-transit permit. Then please remove carban papers. Pages 1
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TO HOSPITAL OR ATTEN

VR A15 (4) 1SM 9/S9

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0	N OF	STAT	ISTICAL	RESEARCH	AND	RECORD!	s I	BALTIM	ORE 1	, MAR	۲L

DIVISI AND 02349 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE

TAIDET	MATY/And TALDIT
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give neorest town) RFD 1 1 + 6	X FACEOR PETO
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
	YES NO
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Yeor
(Type or print) / Cb &CCA	1/1hc DEATH 2 11 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Tomala Cal WIDOWED TO DIVORCED	lost birthdoy) Months Days Hours Min.
	0-10/2
Oa. USUAL OCCUPATION (Give kind of work done of the low during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife Domestic	MARULAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chaples Wright	Abhie Wyscht
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	NIOKMANI Address
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Con and i red	Arterio sclerosis probably 10 yrs
	Arterio scierosis Producti 10 Jis
TOO DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate Couse (a), stating the under DUE TO	
lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
O THE STOTE OF THE	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Terminal broncho-pneumonia 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRE (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Port II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
Hour o. m. While Not while fo	actory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram	Feb 8 19 61 to Feb 11 1961, that (I) (we) las
saw the deceased alive on Feb 8 10.61 and that	death accurred a 28 • M, from the causes and on the date stated above
220. SIGNATURE	22b.DATE
SP F	ATTENDING MED STAFF SIGNET
5 ay more	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
E. Paul Knotte W.	Denton, Md
30. BURIAL, CREMATION, 23b, DATE THEREOF 123c, NAME OF CEMETERY C	
DEMOVAL (Specify) 3 - 15 - 61 4 - Love	O . Garadania D.
BARIAL OF PEROTORS	Gem Gordova, Ind.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

arthur S. Kraus

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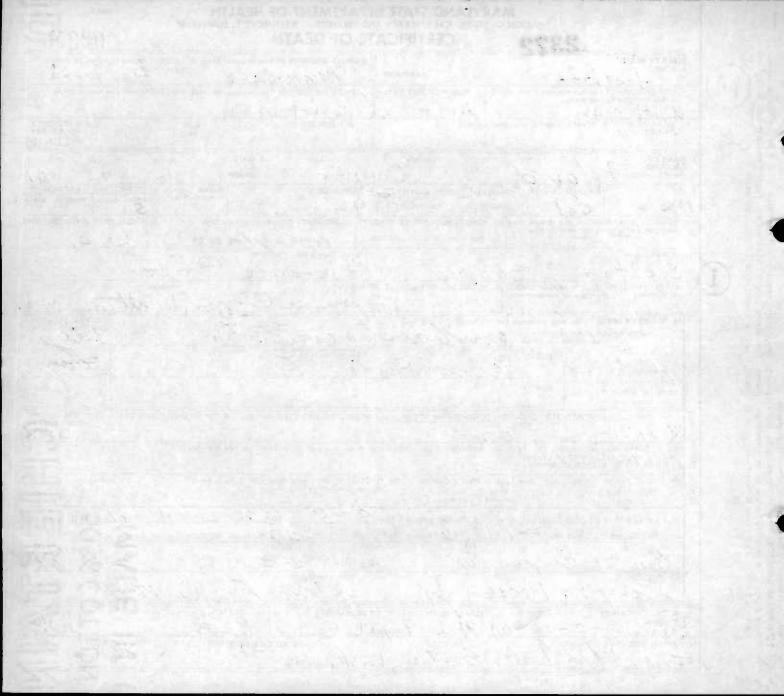
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

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		CERTIFICATE	OF D	EATH

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	2379	CERTIFIC	CATE OF DEA	ATH		02350
1. PLACE OF DEATH o. COUNTY	1bot	MARYLA	ND O. STATE	RYIAnd	COUNTY -	bot '
RURAL and give n	(If outside corporate limits, w nearest tawn)	c. LENGTH OF STAY IN	16 C. CITY OR TOW	VN/IIf outside corporate lin	nits, write RURAL and give	e nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give s	street address)	d. STREET ADDI	RESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fllor d	Middle	coper	4. DATE OF DEATH	Month &	Day Yeor /5 1961
MA/e	- 1	MARRIED NEVER MARRIED DOWED DIVORCED	- 62	-60 9. AG	1 1 1 1 1 1	YEAR IF UNDER 24 HRS
10o. USUAL OCCUPATI during most of wor	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR	-	(State or foreign country)	12.CITIZE	N OF WHAT COUNTRY
13. FATHER'S NAME	on C	ouper	The Mother's MA	ance B	rice	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service		17. INFORMANT	e Crope	Address Wktts	me in
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line far (a), (b), and (c).]	thoen	terilis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, It is gove rise to cause (a), stating	immediate DUE TO	Viral E	Merin	Ti.		3day
& Deky	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	,			(a) 19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of in	jury in Port I ar Part II af i	item 1B.)	
20c. TIME OF INJU Hour a.m. p. m.		20d. INJURY OCCURRED While Not while of wark 0 of wark	De. PLACE OF INJURY (Hon factory, street, affice bl		vn) (Co	unty) (Stote
21. I certify th	0	ttended the deceased fr	am $9 - 5$	160.10 2	-14, 1961 auses and an the	, that (I) (we) las
220. SIGNATURE	where	And it	M.D. ATTENDING	MED. STA	FF _	22b. DATE SIGNE
22c. PHYSICIAN'S NEMY (Type)	ym Ree	ski fr	22d. ADDRESS	rukae	& ma	0
230. BURIAL, CREMATA REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CEMETE	yarl Cem	East	City, town, or county)	(Stote) Mad.
24 FUNERAL DIRECTO	S SIGNATURE Shell	P. Easter	1 //	ATE	25b. REGISTRAR'S SIGN	
20803	96XV4		Mark Indian			17665



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

	2373 CERTIFICA	TE OF DEATH See Birth Cert. mh ()3571
	1. PLACE OF DEATH o. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Talbot
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) LASTON 10 MS, 25 MM.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Royal Oak
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ASTON Memorial Hosp	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) Gaby Middle	Drake DEATH 2 - 26 196/
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years list UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
	10d. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDU during mast of working life, even if retired)	Royal Oak md , USA
`	13. FATHER'S NAME DULL BYLLE	14. MOTHER'S MAIDEN NAME
	(Yes, no, or unlandwn) (If yes, give war or dates of service)	Normant Muke makes
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Turity (2 403) Marten Onset and Death
	Conditions, if ony, which gave rise to immediate (b)	
	cause (a), stating the <u>under-</u> lying couse lost. DUE TO (c)	
	CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Nat while at wark of work 19	ACE OF INJURY (Hame, farm, locatory, street, office bldg., etc.) (City ar tawn) (County) (Stote)
		death accurred at A. M. fram the causes and an the date stated above.
	22a. SIGNATURE 6. Alace Cz	M.D. PHYS. ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type) ED. HARD	VIZIDA ADDRESS' AS FOW MI)
	CREMOVAL (Specify) 13/6/11 MOME	OR CREMATORY 23d. LOCATION (City, town or county) (Stole)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATU
	21bs + 5000191XVI	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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- 1	100	6	3	5	100

1. PLACE OF DEATH o. COUNTY	MARYLAND	a. STATE		b. COUNTY	on: Residence before admission)	/
141001		Maryl			Caroline 1	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	3 hres.		outside corporate	limits, write RI	URAL and give nearest town) 5 × -	0
d. NAME OF HOSPITAL (If nat in hospital, give street		d. STREET ADDRESS			e. IS RESIDEN	NCE
EASTON Memor	A / HOSP,	102 S	outh Mais	Stree	ON A FAR	
3. NAME OF DECEASED (Type or print) ERNESTIN	P Reide E	Ideidge	4. DATE OF DEATH	Lebru	th Day Year LARY 27, 196	
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years	IF UNDER YEAR IF UNDER 24	-
Female White WIDOW		August 28,1		ost birthday) 56 yrs.	Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind af work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Sto	e ar foreign cauntr	у)	12. CITIZEN OF WHAT COUN	NTRY?
Housework	Home	Pennsylv	ania		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Marshall D. Catlin		Harriett	B. Shear	rer		
	SOCIAL SECURITY NO. 17.	NFORMANT		Addr	ress	
No	170-16-2564	Norman Eldrid	ge, Fede:	ralsbur	g, Maryland	
18. CAUSE OF DEATH [Enter only one cause per 1	ine for (a), (b), and (c).]				INTERVAL BETWE	
PART I. DEATH WAS CAUSED BY:	wordsch	noid her	north	ass	ONSET AND DE	
DUE TO	7			8		
Conditions, if ony, which)	amontonsi	on essen	tio.		12. Nr6	٧.
gove rise to immediate	of the carrier	010, 2022	3000		8	
luine source lead						
/ (0)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIV	(EN IN PART 1(a) 19. WAS AUTO PERFORME YES NO	ED3
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury i	Port I ar Part II c	of item 18.)		1
Hour o. m. While	L.	LACE OF INJURY (Home, fo actary, street, affice bldg., e		lown)	(County)	(State)
21. I certify that (I) (this hospital) atten	ded the deceosed fram.	2-27	9 (el , to	2-27	, 19.61, that (I) (we)) last
saw the deceased alive on 2-27			P.M. from the	couses an	d on the dote stoted ab	oove.
22a. SIGNATURE					22h DA	ATE
Robert W.T.	rever	M.D. PHYS.	MED. DIRECTOR F	TAFF PHYS.	2-27-61 ^{si}	GNED
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	M7	~ A		
			, Maryla			
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial March 2,1961	Hill Crest C		Federa	Lsburg	or county) , 'aryland (Stote)	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. RE	C'D BY REGISTRAR	2Sb. REGIS	STRAR'S SIGNATURE	
J. J. FRAMPTOM + SON	FEGERALSON	RC DATEM	AR 3 '61	a	Thuy S. Kines	lu.

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CERTIFICATE OF DEATH

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PHYSICIAN: The law requires that the death certificate be extricted within an incoming physician.

It an attending physician.

It is certificate has been signed by the ottending physician and completely filled in by the funeral direct his certificate has been signed by the ottending physician and completely filled in by the funeral his certificate has been signed by the ottending physician and completely filled in by the funeral transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed to the complete the compl

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1.	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USU O. ST	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) ATE b. COUNTY
-	1A1501	TY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
h	RURAL and give nearest town)	C. T
-	d. NAME OF HOSPITAL (If no) in haspital, give street address) d. S	TREET ADDRESS e. IS RESIDEN
	OR INSTITUTION	ON A FAR
		YES NO
3.	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
	(Type or print) EDGAR LEO EL	VING DEATH February 18 19
5.	5. SEX 6. COLOR OR RACE 7. MARRIED DNEVER MARRIED B. DATE	OF BIRTH 9. AGE (In yeors IF NDER 1 YEAR IF UNDER 24 lost birthdoy) Months Days Haurs M
1	Male white WIDOWED DIVORCED DANS	. 17. 1889 72 yrs. Molitins Days Haurs
10	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
1.	during mast of working life, even if retired)	Man 1- 1
13	13. FATHER'S NAME 14. MC	OTHER'S MAIDEN NAME
1	Ch. 1 E.	111 11
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL	TO Address Address
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SQCIAL SECURITY NO. 17. INFORMAN	Adoress
L	No. 170-03-1883 MM	Rigar Ewing Mappe, INd
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWI
	PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (a) MYOCARDIAL	NFARCION HAS.
	A DUE TO	
	Conditions, if ony, which) HRTERINSCLEROTI	C HEART DISEASE YRS.
	gove rise to immediate	9 11:17111
	couse (a), stoting the <u>under-</u> lying couse lost.	
z	Z S. W. II. OTHER CICALIFICANT COMPITIONS CONTRIBUTING TO DESTRUCT BUILDING TO	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1/4/ 19 WAS ALL
12	CIPPHOSIS of 2	PERFORME
15		YES N
RTI	# 20a. ACCIDENT WAS UNDERLYING	noture of injury in Port I or Port II of item IB.)
Ö	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
S		NJURY (Home, form, 20f. (City or town) (County) et, office bldg., etc.)
A S	Hour o. m. P. m. While Not while of work of work	or, office bridge, etc.)
		B R 10/1 . FEB 18 10/6/ HEALING
Н	21. I certify that (I) (this hospital) attended the deceased fram.	2. 18. 196/, ta 179 18. 196/, that (I) (we
		ccurred at M.M., fram the causes and an the date stated a
	22a. SIGNATURE De al Alla Halla AT	TENDING MED. STAFF
	M.D. PH	YS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	I. ADDRESS EDOTAL
1		1-11-10N, MY
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION (City, town, or caunty) (Stote)
	REMOVAL (Specify) [1) 100 1 1 1 1 1 1	met. To an Md
11		
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24		250. REC D BY REGISTRAR 256. REGISTRAR'S SUGNATURE

HIARDES STADESHIND TO THE STADES Elmary 18 The state of the s

1961

eb.

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No Talbot e. IS RESIDENCE ON A FARM? YES NO X Month Day Year February 1961 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? USA Address Easton, Maryland INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

page 0 VS A15 (4) 15M 9/58

DATE FEB 8

Bozman Cemetery

ADDRESS

24o. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur & Kraus

Bozman, Maryland

(County)

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toolar men bnelyget tit topi water selection to the terms de de de de de la companya de la com re drumes see recommon a fermanda de la maria Fernic T. Reit & Land List Colonia Total Transfer of Line 1 renalisms is verify and the real life of the life of t Mone - Gadle V. Ruse, hasten, Merryland THE WASHINGTON AS IN NO.

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DIVISION OF STATISTICA	RESEARCH	AND RECORDS -	BALTIN	ORE 1, MAR	YLAND

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PLACE o. COI	OF DEATH		3	1 1 0 M Z	RYLAND		AL RESIDENCE			ved. If instituti b. COUNTY	on: Reside	nce befo	re admissi	on)
	IRIL	DOT	4			J'A		nknov		14 1: 1: #			iknoi	
RUR	Y OR TOWN (If our AL and give neore		ts, write	c. LENGTH OF STA		, c. C	ITY OR TOWN	(If outside unkr	-	e limits, write R	URAL ond	give nec	rest town)
d. NA		(If not in hospital, g	ive street		7	d.	STREET ADDRES		TOWIL		1			FARM?
	EAST	mi		ORIAL	2									NO 🗌
DECEA (Type		E	nn	ra D	Chlo	V	Lasi	4. D	ATE OF EATH	Fer	b.	2	G	196/
. SEX	malle 6.	Color OR RACE	7. MARR	ED NEVER MAR		B. DATE	OF BIRTH		9.	AGE (In years lost birthdoy) (3 yrs.	Months Months	Days	Hours Hours	R 24 HRS. Min.
		(Give kind of work life, even if retired		KIND OF BUSINESS	OR INDU	STRY 11.	BIRTHPLACE (S	State or for	eign coun	itry)	12.CI1	IZEN OF	WHATC	OUNTRY?
3 FATHE	R'S NAME					14. M	OTHER'S MAID	EN NAME	_					
S. WAS Yes, no. or	DECEASED EVER IN	U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10. 17. IN	NFORMA	NT			Add	ress			
18.	The state of the s		_	ne for (o), (b), and (- 12		0					ONS	ERVAL BE	DEATH
10	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o	, te	rebral	Ken	ven	rhage							
		DUE TO												
	nditions, if ony,)											
	ve rise to imm se (o), stoting the													
	g couse lost.	(c)											
NO	PART II. OTHER	SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RE	LATED TO THE T	ERMINAL E	DISEASE C	ONDITION GIV	/EN IN PA	RT 1(o) 1	PERFO	RMED?
20a. OR C	ACCIDENT WAS LONTRIBUTING	INDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter	noture of injur	y in Port I	or Port II	of item 18.)				
	TIME OF INJURY		ar 20d II	NJURY OCCURRED	20e. PL	ACE OF	INJURY (Home,	form. 20	f. (City or	town)		(County)		(Stote)
MEDICAL	Hour o. m. p. m.	19	While	Not while k of work	foo	ctory, str	eet, office bldg.	., etc.)	. (/	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21.	certify that (l) (this haspital) attend	led the decease	d fram			1.9	.ta		19_	, th	at (I) (we) last
saw	the deceased	alive an		19 , an	d that a	death o	ccurred at	50M.	fram th	e causes ar	nd an th	e date	stated	abave.
220.	SIGNATURE	bert W.	Tru	wer		M.D. PH	TENDING	MED. DIRECTO	OR 🗍	STAFF PHYS.			221	SIGNED
	PHYSICIAN'S NAME (Type)			CH CH	DS.	22	d. ADDRESS							
3a BUR	IAL CREMATION,	23b. DATE THEREC)F	23c/NAME OF CE	METERY	D CPEAL	WENT A	234	LOCATIO	M (City, town,	or county)		/ (Stot	٥١
	OVAL (Specify)	37.61	,	Wolw	d. W	led.	Johou	P	Bal	timo	7	Mo	(3101	-1
4. FONE	RAY DIRECTOR: 575	IGNATURE (Pin	ADDRESS	2 11 7	_	25a.	MAR S	REGISTRA	R 2Sb. REGI	STRAR'S S	GNATU	RE	
7.	V 1/11	1110 7 4	LOS	- M/1	11/11	77	DATE	E						

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the registrar priar to burial, crematian, ar remaval,

VS A1S (4) 1SM 9/58

ed within 24 hou

PHYSICIAN: The law requires that the death certificate be ex

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2378 CERTIFICATE OF DEATH

	bot	MARYLAND	-	Maryland	b. COUNTY	Talbot		
b. CITY OR TOWN RURAL ond give Rural	(If outside corporate limits, write nearest town) Easton	c. LENGTH OF STAY IN 1b	V	/N (If outside corpo ural	Easton	URAL ond give n	earest tawn	1)
	ITAL (If not in hospital, give street		d. STREET ADDR					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	First STUART V	Middle TILSON GOLDSB	Last	4. DATE OF DEATH	Mon		-,	Yeor 19 61
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 YEAR	R IF UND	
male	white WIDOW ION (Give kind of work done 10b		Dec. 27		75 yrs.	12. CITIZEN	DE WHAT	CUNITRY
during most of wo	rking life, even if retired) KECUTIVE MA	chinery manufa	cture 14. MOTHER'S MA	Penna.		U. S	Š	
IS. WAS DECEASED EV	re IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT	lelen West	Addi	ress	_	
(Yes, no, or unknown)	(If yes, give war or dates of service)		-					
yes			rs. Elisab	eth H. Go	Ldsborou	O-1	ton,	
	ATH [Enter only one cause per I		0 4	0 1 0			TERVAL BE	
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ongetive	heart	faily	w)	3	we	V 2
4	DUE TO	0	4,0	U			. 0	
Conditions, if	ony, which) (b)	arteriorce	rotic X	cartd	iscose	1 1	ink	nowy
gove rise to	immediate (
couse (o), stating	rne under-							
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT PELATED TO TH	ETERMINIAI DISEAS	E CONDITION GIV	(EN IN PART 1(a)	10 WAS	ALITOPSY
9	DO 1 - 500	O S S	7	1 -	-	LIA IIA I AKI 1(0)	PERFO	RMED?
D ASSIDENT	THE INTERIOR ET AND DEL		earac	redon	. II -6 (a 10)		I ES []	№ □
	AS UNDERLYING 1 20b. DES G 1 CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of in	jury in Port I ar Par	f at item (B.)			
20c. TIME OF INJU Hour o. m. p. m.	While	f.a.	ACE OF INJURY (Ham ectory, street, office blo		or town)	(County	()	(State)
21. I certify t	hat I attended the decea	sed fram 2-19	1961, 1	0 2-19	1961	that I last so	w the d	leceased
alive an		() and that death	occurred at	45PM fram				
					treet, city or town,			E SIGNED
ACTUAL SIGNATURE	Robert W. 7	rever	M.D					
PHYSICIAN'S NAME (Type)	Dr. Robt. W.	Trever 202	Dover St.		Laston, M	aryland		
220. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, tawn,	or caunty)	(Stot	e)
REMOVAL (Specify	Feb. 22, 1961	Oxford Ceme	terv	03	ford, Ma	reland		
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24	o. REC'D BY REGIS		STRAR'S SIGNAT	URE	
	Newnam & Son	Easton, Ma	rvland			. 04		
			DA	TEFEB 2 3 '6	1 and	hun S. Thas	44	

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		estavary)	**	
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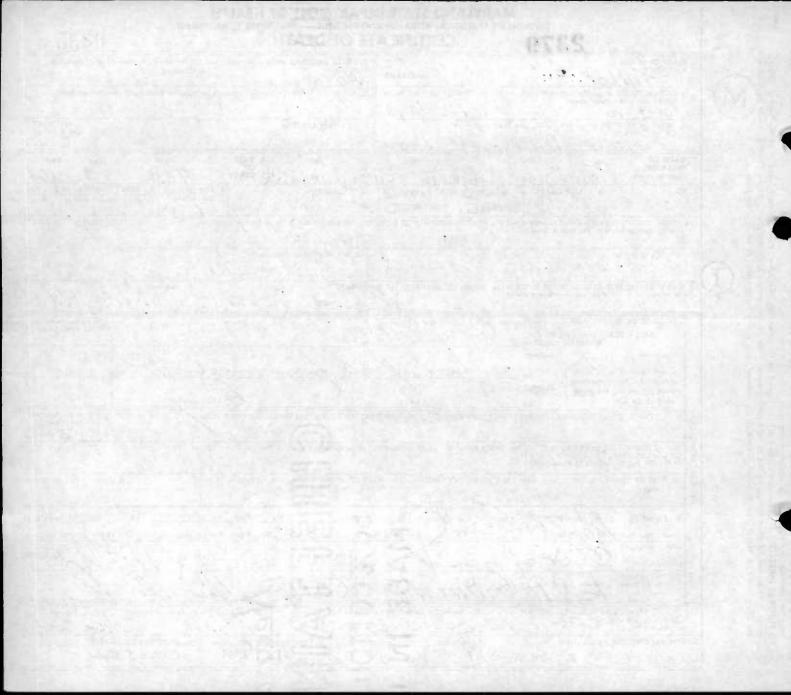
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2379

1.	PLACE OF DEATH	6- 5-	2. USUAL RESIDENCE (Where deceased		per before admission)		
	o. COUNTY 1A/boT	MARYLAND	Markeland	b. COUNTY	bak-		
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH	E. CIPY OR TOWN (If outside corpore	of limits, write RURAL and g	rive nearest town)			
	EASTON 12	days	allford				
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	. 1	d. STREET ADDRESS	2	e. IS RESIDENCE ON A FARM?		
L	EASTON MEMORIAL	Nosp			YES NO		
3.	NAME OF DECEASED (Type or print) Phileman CARR	Middle 6	REEN BALL SE DEATH	Manth 786	Day Year /3 196/		
5_	SEX 6. COLOR OF RACE 7. MARRIED NEV	ER MARRIED DI	B. DATE OF BIRTH	9. AGE (In years left UNDER Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.		
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BI		STRY 11 BIRTHPLACE (State-or foreign co.		ZEN OF WHAT COUNTRY?		
	during most af working life, even if retired)		Maykand	6			
13	FATHER STAME CANOL GUE	ulawk.	14. MOTHER'S MAIDEN NAME	réry			
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17.	Kelawon Greenha	we Address	nd Md.		
F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (t), and (c)	0. 0 3		INTERVAL BETWEEN		
1	PART I. DEATH WAS CAUSED BY:	Khal	elis		ONSET AND DEATH		
	342X DULTO 01/01/1						
	Canditions, if ony, which) (b) Deffected of followed, wt						
	gove rise to immediate cause (o), stating the under-	//					
	lying couse last. (c)	V	·	ny			
CATION	Part II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTI</u>	NG TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	1 (o) 19. WAS AUTOPSY PERFORMED? YES NO		
CERTIFIC	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURR	ED. (Enter nature of injury in Part I or Port	11 of item 18.)			
		URRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City	or tawn) ((County) (State)		
MEDICAL	Hour a.m. 19 While Not w of work of work of work of wo	hile fe	octory, street, affice bldg., etc.)				
	21. I certify that (1) (this haspital) arrended the d	ceased fram.			, that (I) (we) last		
	saw the deceased alive by	and that	death occurred at PM, from	the causes and an the	date stated above.		
	220. SIGNATURE COLUMN	1/	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS. DV 14	22b, DATE FIGNED		
	22c. PHYSICIAN'S F. C. H. SCAM	ridt	22d ADORESS	Masla			
23	ROMONAL SOCIETY LEGISLATION 236 DATE THEREOF 23c. NAME OF THE PROPERTY LEGISLATION OF THE PROPERTY OF THE PROP	E OF CEMETERY	OR CREMATORY 23d. LOCAT	101x(City Jown, or county)	Muyland		
-	FUNERAL DIRECTOR'S SIGNATURE ADDR		25g. REC'D BY REGISTI	RAR 25b. REGISTRAR'S SIG	TALATUSE		



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL KXAMINER: This certificate should be executed within 24 hour. The please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the under the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the under the control of th

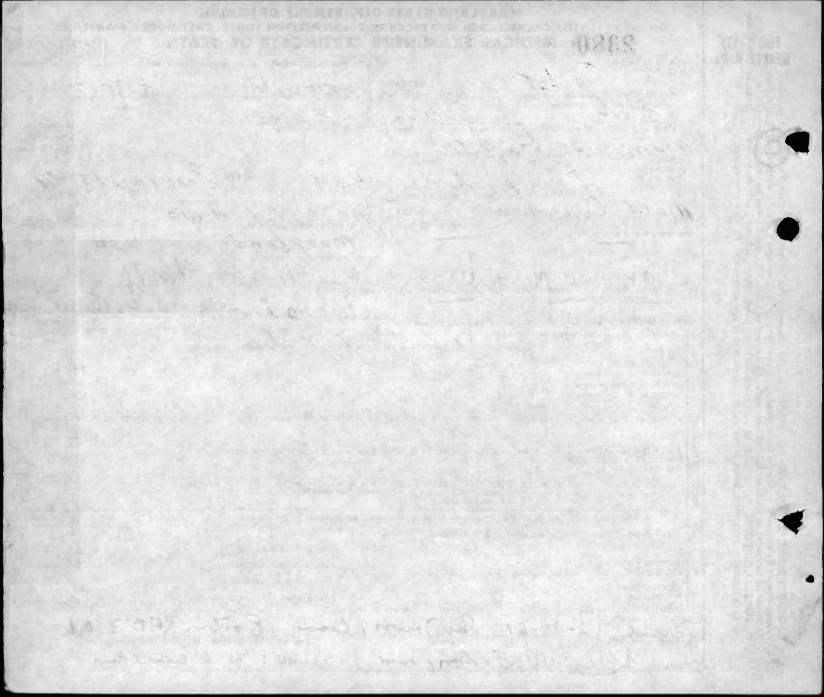
VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TAISION OF STATES	IIICAL RESEAR	CH MIND RECORDS,	SOL M. PKESION S	IIILEI, DALIIIII	
2380	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

٩		PLACE OF DEATH	2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before edmission)				
		COUNTY -/6/BOT MARYLAND	a. STATE b. COUNTY 1				
	ŀ	c. CITY OR TOWN (if outside corporate limits, write RORAL and give neerest town)					
		CASTON 33min.	Freday md 20				
	-	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address)	d. STREET ADDRESS				
n	1	nomorial Hospital	ON A FARM? YES NO I				
4		NAME OF First Middle	Last 4. DATE Month Dey Year				
		DECEASED (Type or print)	HOII DEATH TO ANIA DIOLIS				
	\5.	SEX 6. COLOR OR RACE . MARRIED NEVER MARRIED	8, PATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.				
)/	MALE Colored WIDOWED DIVORCED	last birthdey) Months Deys Hours Min.				
1		USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	dor	e during most of working life, even if retired)	MARY/And WSA				
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	(Jarence M. (3: 650n	Catherine HALL				
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no. or unkown) (Ifyesgiyawarordetesofservice)	. INFORMANT				
	,		Calhorene Hall -418 down du				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	(interval between onset and death				
8		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Pehindralian				
4		DUE TO DE TO	10.				
	Conditions, if any, which a low active VIVILLIE ENTERITY SALLY						
		gava rise to immadieta ceuse					
		(a), stating the underlying cause last.					
	Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
	ATIC		PERFORMED? YES NO				
	CERTIFICATION		. (Enter nature of Injury in Part I or Part II of item 18.)				
	CES	PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.					
	ZA.		PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)				
	MEDICAL	Hour a.m. While Not While f	actory, streat, office bldg., atc.)				
		21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry and in my opinion				
		death resulted from: Natural causes A. Accident . Su	uicide , Homicide , Undetermined manner				
2		Blick	CHIEF MEDICAL EXAMINER				
		SIGNATURE Alling / Willy	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED				
5		EXAMINER'S	DEPUTY MEDICAL EXAMINER 7 - 15-61				
n		NAME (Type)	Addrass (Streat, city, town, or county)				
	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or country) (State)				
	N	Surial 2-19-61 Juy Jour	1, Cem Easton Kt. D. 3 Md.				
	11	FUNERAL DIRECTOR ASDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE				
	X	me So shell, Ecton, ha	DAMMAR 1 '61 arthur S. Kinna				
0	1	208040 EXVY					
V							



-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH							
)	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY f. f							
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b COLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)							
3	3. NAME OF DECEASED (Type or print) S. SEX OF DECEASED OF DEATH OF DEATH							
1	Male Col WIDOWED DIVORCED 8-8-1900 (yrs. Months Doys Hours Min.							
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME							
	William Hynson Georgie Grace Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address							
	(Ves. no. or unknown) (If yes, give wor or dates of service) 214-33-6576 Mrs. Carrie Whitting ten, Dhennol. 70.							
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH							
	Conditions, if any, which gove rise to immediate (b) Augustian							
	couse (a), stating the under DUE TO							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO DO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH							
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED While at wark of							

saw the deceased alive an

21. I certify that (I) (this haspital) affended the deceased fram.

and that death accurred gt

from the causes and an the date stated above.

22o. SIGNATURI

ATTENDING PHYS. M.D. 22d. ADDRESS

	STAFF PHYS.	
--	----------------	--

22b. DATE SIGNED

22c Privsiet N'S NAME (Type)

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, tawn, or county)

(Stote)

UNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR DATE 2 4 '61

MED. DIRECTOR

25b. REGISTRAR'S SIGNATURE Cirther S. Kraus

VR A1S (4) 1SM 9/59

moy be retained by the to

TO HOSPITAL OR ATTENE

mpletely filled in by the funeral directar, pers. Pages 1 and 2 shauld be filed with

Then please remove carbon papers. Pages 1 and in any event, within 72 hours after death

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capoge 3 should be detached for use as the buriol-transit permit. Then please remove carbon parthe State Board of Health prior to buriol, cremotion, or removal, and in any event within 72 hour

tal ar attending physician.

within 24 has

PHYSICIAN: The law requires that the death certificate be exe

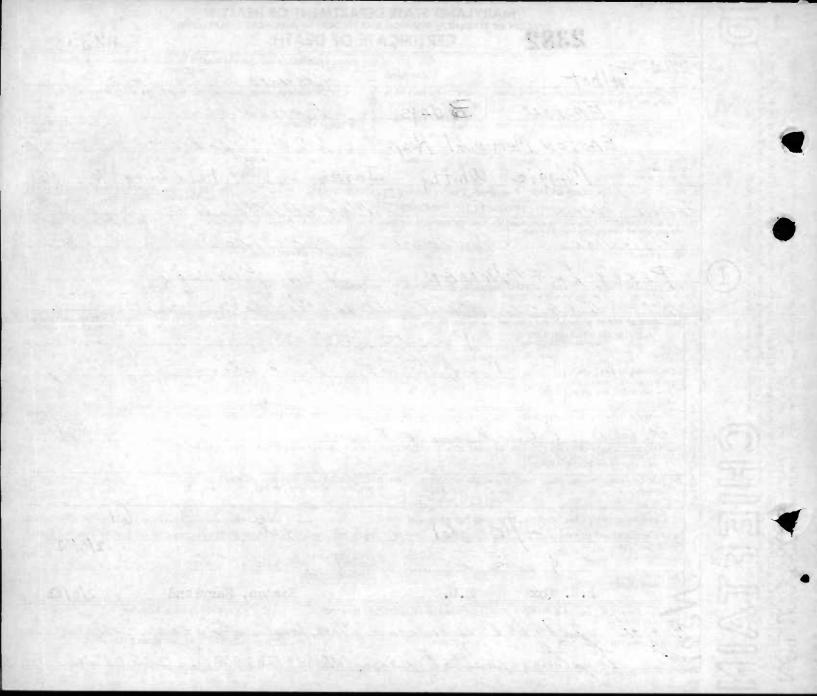
with the state of

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CEDT	FIA	ATE	AF	DE	711
CERT		Λ	() la		` I H

		LACE OF DEATH		USUAL RESID	ENCE (Wh	ere deceased	lived. If institution	an: Residence	before admis	sion)
		14/bot MARYLAN		11/1	RYLA	de		1ALI	301	
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	lb	c. CITY OR TO	OWN (If o	utside corpo	rote limits, write R	JRAL and giv	ve nearest tow	m)
	-	S. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET AL	DDRESS	0 , -		,	e. IS RE	SIDENCE
)		OR INSTITUTION EASTON MEMORIAL HOSP		16	26	6	520500	to b		NO D
	3. N	NAME OF First Middle	-	Last		4. DATE OF	Mon	th	Day	Year
		Type or print) //Aggie Whitby	10	nes		DEATH	Febru		6	1961
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	□ B. C	ATE OF BIRTH		. 55	9. AGE (In years last birthday)	-	YEAR IF UND	1
	7	EMALE WHITE WIDOWED DIVORCED	1 /	MAY;	741	891	6 gyrs.	wonins [Days Hours	Min.
	10a.	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN during most of warking life, even if retired)	VDUSTR'	11. BIRTHPLA	ACE (State	or foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?
		HAUSEWORK HOUSEWIFE	-	M	100	YLAN	1n	6	1.50	1
	13.	FATHER'S NAME	1	4. MOTHER'S	MAIDEN N	IAME			1	
1		Promy INF Calking	9 9	1	00	DI	anneh			
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFO	RMANT	264	1.	Add	ress		5
ı	{Yes,	no, or unknown) (If yes, give wor or dates of service)	7	-	M	Thurs	- 6 1	002	0560e	5-17
		10 CALLES OF DEATH (Extractly and State for (a) (b) and (a) 1	1//	1150'	/, V	UNL.	1	STOR	INTERVAL	ETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN		
		IMMEDIATE CAUSE (o)		Time					20	Egg.
		DUE TO 17		,	,	2 1				
		Conditions, if ony, which (b) I would be about a clear a charge								
		gave rise to immediate DUE TO								
		lying couse last. (c)								
	O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY ORMED?
١	CATION	a (40 & arrhosin of	to	vin					YES	NO
N. M.	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR ^{\$} /OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter noture of	injury in	Port I or Por	t II of item 1B.)			
	AL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	. PLACE	OF INJURY (H	tome, farm	, 20f. (City	or town)	(Cc	ounty)	(Stote)
	MEDICAL	Haur o. m. While Nat while	foctor	y, street, office	bldg., etc	.)				
	>	p. m				101		1	1	
		21. I certify that (I) (this hospital) attended the deceased fro				46.to_		180-		(we) lost
1		saw the deceased alive on1961, and the	at deo	th accurred	at 7:20	M, from	the couses an	d an the	dote stote	
		220. SIGNATURE		ATTENDING	A M	ED	STAFF		2/0/0	DATE SIGNED
		20 BUNGGIANG	M.E	-	DI	RECTOR [PHYS.			
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRE	-				- 10 1	1-
T,		P.E. Cox M.D.			Las	ton, M	aryland		2/8/	61
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR C	REMATORY	0	23d. LOCA	TION (City, town,	or county)	(Ste	ate)
	1	BURIAL 2/9/6/ WOODLAG	UN	MEM,	MARK	1	A5701	4	no	
ij	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS			25a. REC'	D BY REGIS	TRAR 25b. REGI	STRAR'S SIGI	NATURE	
	6	Mr. Homplon Canoll En	5 70	N, MO	DATE F	EB 1 0	61 0	other &	Kraus.	



PLANT BO CENTRUD ESSUIPAVE LADROIN CREC . . . the man Josi T ARREST ELECTE 303384 CHARLES TOURS MIDGLESON February 26 Ag The second was many day 5 1 Three of the second 1927 With the second of the second of the second of the second guital stars wisnests stir their to bours someon a solo e Secretary to the second second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATL

HISHCAL	KEJEM	KCH A	HAD K	ECOKI	J3 —	- DWFIIV
CE	RTIF	ICA	TE	OF	DE	ATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY + A / BO + MARYLAND	o. STATE ABY AND b. COUNTY TAL DOT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? RURAL and give nearest town? RURAL and give nearest town?	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF BOX 240	d. STREET ADDRESS R.F. D. T. Box 240 e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF Pirst Middle DECEASED (Type or print)	KINES DATE Month Day Year OF DEATH DEATH 19 6
5. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 16-20-84 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	
13. FATHER'S NAME) ames Howinters	14. MOTHER'S MAIDEN NAME 4 Arriettann 112/502
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give war or dates of service) 30-12-1860	Parena D. Ockimen, Caston, md,
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-	(Arteriosclerotic heart) (Arteriosclerotic heart)
Volume International Int	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 of work of work 19 of work 19	ACE OF INJURY (Home, form, clary, street, office bldg., etc.) (City or town) (County) (State)
220. SIGNATURE	death accurred at PM, fram the causes and an the date stated abave. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
NAME (Type) PECOX	
	e Cam Easton Md,
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coston,	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE IAR 1 161 Cather & Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	o. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Where deceased lived	b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	LENGTH OF STAY IN 16	c. CITY ON TOWN (If autside corporate li	mits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION PROBLEM (For	ospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) Hattie	Middle /	Peters 4. DATE OF DEATH	February 2/ 1961
1	Terrell Well widowed	DIVORCED	aug. 14, 1888 los	t birthday) Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind at wark dane during most of working life, even if retired) Regulatives Murse	ND OF BUSINESS OR INDUS	Maryland.	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME COLLISON		14. MOTHER'S NAIDEN NAME	Rosal.
	(Van an an internal) (If you also you also of social)	17. IN 12-32-6015	lwood feles	Esston Med.
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	il Infant	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying couse last.</u> DUE TO DUE TO (b) (c)	owar,	astrioseler	ozes
		NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
		BE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of	item 18.)
	Hour o.m. While		ACE OF INJURY (Home, farm, 20f. (City or to tory, street, office bldg., etc.)	wn) (County) (Stote)
	21. I certify that (I) (this hospital) attended saw the deceased alive an	d the deceased fram_ 19_6, and that d		causes and an the date stated above.
	220. SIGNATURE	0	M.D. PHYS. DIRECTOR L. PH	AFF. ☐ 1/23/61 ^{NED}
	22c. PHYSICIAN'S NAME (Type) P.E. Cox M.D.	,	Earle Ave. Easton,	
	(2/24/6/	23c. HAME OF CEMETERY O	emetery Offo	(City, toyin, or county) (Store)
	24. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Neumann x	Son East	DATE FEB 2 8 61	25b. REGISTRAR'S SIGNATURE Carthury S. Krand

ATABLE STATE OF A CONTROL OF A		TELL TELL	THE REPARE THE PROPERTY OF MEET	PARTYRAL	77	
		A PER STATE OF THE			BRES	
		All Many 15				
DANGE CONTROL DESCRIPTION OF THE PROPERTY OF T						
	BERNEY TRANSPORTED TO SELECT 다듬는 이 보는 전에 보고 있다면 하는데 보고 있다. 그는 사람들은 보고 있는데 보고 있는데 그렇지 않는데 없다.		Elgund Junional		*	

VS A15 (4) 15M 9/55 I

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

2387	CERTIFICATE OF DEATH

Reg. Dist. No. 02362

1. PLACE OF DEATH		MARYLAN	o. STATE	DENCE (Where dece	ased lived. If institu b. COUNT	Y		ssion)
Talbot			Maryl			Talbo		
RURAL and give	N (If autside carporate limits, write a nearest town)	c. LENGTH OF STAY IN 1	11	TOWN (If outside co		RURAL and give	nearest law	n)
Tilghma		12 yrs.	Thilgh	man (rui	al)			
d. NAME OF HOS	SPITAL (If not in haspital, give street	address)	d. STREET	ADDRESS			e. IS RE	SIDENCE A FARM?
	none		non	0	/		YES [NO [X
3. NAME OF DECEASED (Type or print)	Murray De	Middle Ban Snow	lo	4. DAT OF DEA		onth b. 2	Day	Yeor 1961
5. SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRT	н	9. AGE (In year	IF UNDER 1 Y	EAR IF UND	
Male	White WIDOW			1891	last birthdoy)		ys Hours	Min.
100. USUAL OCCUPA	TION (Give kind of work done 10b	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHP	LACE (State or fareig	n country)	12. CITIZE	N OF WHA	T COUNTRY
rlorist	rarking life, even if retired)	Greenhouse		Scotia		U.,	S.A.	
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
Unknov	wn.		Un	known			2.15	
15. WAS DECEASED E	EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 1	7. INFORMANT		Ad	dress	Box	75
No		214-34-7354	Mrs. Jo	hn Grubb	Bechte	lsvill		
18. CAUSE OF D	DEATH [Enter only one cause per I	ine for (o), (b), and (c).] -	- 1) to	11			INTERVAL B	ETWEEN
PART I. D	DEATH WAS CAUSED BY:	yo cartly	xx jal	Kruso			ONSET ANI	DEATH
700	DUE TO	13 1	0 11-				2011	
100	114	402 21%	why			11		
Conditions, if	immediate							
cause (a), slatin	ng the under-							
lying couse las	(4)							
PART II. C	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION G	VEN IN PART 1	o) 19. WAS	AUTOPSY ORMED?
3] NO []
OR CONTRIBUTION	WAS UNDERLYING (1) 20b. DES	SCRIBE HOW INJURY OCCU	RRED. (Enter noture o	of injury in Part I or	Port II of item 18.)			
	JURY Month, Doy, Year 20d.	INJURY OCCURRED 20e	PLACE OF INJURY	Home form 20f (City or town)	(Cou	ntul	(Stote)
20c. TIME OF INJ	n. While	Not while_	factory, street, office	e bldg., etc.)	city of lawing	(000)	""71	(31016)
₹ p. n	n. If at wa	ork of wark			1			
21. I certify	that lattended the decea	sed from	19/6/	10 txl	12, 196	L,that I las	t saw the	decease
olive on	11/1/19	al, and that de	ath occurred of	2 M. SI	rom the causes	and on the	date stat	ed obov
	19,000	1			(Street, city or town			ATE SIGNE
ACTUAL	MM MA	100 m		11/12	Kand	an	72	CA!
SIGNATURE		1 market	M.D.	-A-Jan	1. St. K. J. K. C.			1-7-14
PHYSICIAN'S NAME (Type)	KUY /	1/455	7 ->>	177	CHMA	1/	N	11
220. BURIAL, CREMAT	if(s)	22c. NAME OF CEMETER		22d. LO	CATION (City, town,	or county)	(Sto	ite)
Burial	2/5/1961	St.John C	emetery		lghman	Me		
23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS		240. REC'D BY REC	GISTRAR 246. REG	SISTRAR'S SIGN	ATURE	
1 the trans	uston overt	St. Michae	ls, Md.	DATE FER 7	761	arthur 8	Horaus	

MARY LAND STATE DEPARTMENT OF HEALTH-HALTIMORE, TO IN CORE WYON . Acc., SINVEREDAMEN, OCHAR, MAG., L. SER.

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TO HOSPITAL OR ATTENS. PHYSICIAN: The law requires that the death certificate be exp., of within 24 hav. Fire death. Page 4 may be retained by the hospital an attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Baard of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLY

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	CEI	RTI	FIC	A	TE	OF	DE	A	Ή

3		
)	1. PLACE OF DEATH O. COUNTY ALL HOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give necrest town) FASTON 3 km. 50 man	Easton
	d. NAME OF HOSPITAL (If hat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
)	MEMORIAL HOSPITAL	105 51H1951NS YES NOT
	3. NAME OF DECEASED (Type or print) AR ARETA	Last 4. DATE Month Day Year OF DEATH Feb. 27 196/
_	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	Terrale Co WIDOWED DIVORCED	1-7-35 Cast Dirindoy) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during mast of working life, even if retired)	ISTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	MAITRES & Hotel	1-1- USA,
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	IS WAS DEPEASED EVEN IN IL S ADMEN CONCESS IV COCKAL SECURITY AND THE	JONANN Address
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	POL + OL O TO
	10 CALLE OF STATE OF	west summer Garden, had
	1B. CAUSE OF DEATH [Enter only one couse per/line far (b), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Cooply race lan dis and Interval BETWEEN ONSET AND DEATH
	DUE TO	a let offend to be the
	Conditions if any which	시네보고 보고 있는 것이 없는 다 안 하는 것이 없는 것이다.
	gove rise to immediate	
	lying cause last. Go Co Co Co Co Co Co Co	
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
		ED. (Enter noture af injury in Port I or Part II of item 18.)
		LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
	Hour a. m. p. m. 19 While Nat while at work at work	actary, street, affice bldg., etc.)
	21. I certify that (this hospital) attended the deceosed from.	
	saw the deceased give on 19 and that	death occurred of 30 M, from the couses and on the date stated above.
J	22a. SIGNA(94)	ATTENDING MED. STAFF TELL 22b. DATE
1	celtoniel	M.D. PHYS. DIRECTOR PHYS. DIVINITION
	22c. PHYSICIAN'S NAME (Type) E. C. H. Schingt	22d. Appress ton Mayland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	Biened 3-3-61 Kicherel	- Cem, Parton, indi
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Jarro B Jashell Casher	DATEGAR 6 '61 Chilly S. Kraus

A STATE OF THE PROPERTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH 238 OVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

IRA	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)								
(IAI)	o. COUNTY Albot MARYLAND	o. state aryland b. county Caroline								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Greensboro								
080	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. Street address None e. Is residence on a farmy yes \(\text{No} \text{ NO} \)								
	3. NAME OF DECEASED (Type or print) Charles (Type or print)	Williamson 4. DATE of Month Day Year DEATH TOBRUDE 24 1961								
2/	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday) Nonths Days Hours Min.								
	Mas White WIDOWED DIVORCED	4-20-1890 last bythday) Months Days Hours Min.								
	10a. USUAL OCCUPATION (Give kind af work done during most of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY?								
	Saw Mill Operator Saw Mill	Maryland U.S.A,								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Nathenial Williamson	Georginia Hayman								
		IFORMANT Address								
	(If yes, give war or dates of service) 216-05-1652 E	va Williamson Greensboro, Maryland								
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH								
	L+ A DUE TO									
ì	Conditions, if any, which) (b) Slavere a sterios le rosis 5 yrs.									
	gave rise to immediate									
D	couse (o), stating the <u>under.</u> lying couse lost. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PLUT OF CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \(\sum \)								
		D. (Enter nature of injury in Part I or Port 11 of item 18.)								
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)								
		12/23 1961, to 2/24 1961, that (1) (last leath occurred of 55 m from the causes and on the date stated obave.								
		M.D. ATTENDING MED. STAFF 2/25/6								
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS								
	23a. BURIAL, CREMATION, 23b. DATE THEREOF BEEN 23c. NAME OF CEMETERY O Greensbord									
action and the	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
	16. Boulais alreas Cross	Mel. DATEFEB 28 161 Citting & Kround								

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within 24 hav

PHYSICIAN: The law requires that the death certificate be exe

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR TICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	2390	CERTIF	CATE	OF DEATH			())	200
1. PLACE OF DEATH a. COUNTY	1 bot Co	unty	CLAND	usual residence (Wi a. STATE	yland	b. COUNTY	+1001	
RURAL and give ne	f autside carporate limits, warest tawn)	rite c. LENGTH OF STAY		C. CITY OR TOWN (IF)	outside carporate li	mits, write RURAL ar	d give nearest	tawn)
OR INSTITUTION	AL (If not in haspital, give s	Hospital		d. STREET ADDRESS	orte	3		S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	HATTIE First	Middle	·	ils on	4. DATE OF PEATH 72	bruary	Day	Year 196/
5. SEX Female	1 4 1	MARRIED NEVER MARRI		ATE OF BIRTH	9. AG	E (In years the birthday) Manth	ER 1 YEAR IF U	UNDER 24 HRS ours Min.
during mast af work	ON (Give kind af wark dane ing life, even if retired)	Domest	OR INDUSTRY	11. BIRTHPLACE (State	ar fareign country	12.0	CLS,A,	HAT COUNTRY
	S HAZEL			MARY RMANT	Jane	BAR11 Address	185	
	(If yes, give war ar dates of service	per line far (a), (b) and (c)	Be	sie We	lliom	~ 1 8 an	Linterv	AL BETWEEN
Canditians, if an gave rise to it cause (a), stating lying cause last.	the under- CC) (c)							•
ICATIC		ons <u>contributing to de</u>					ART 1(a) 19. V P	WAS AUTOPSY ERFORMED?
	S UNDERLYING D 20b CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY C	OCCURRED. (E	enter noture of injury in	Part I ar Part II af	item 1B.)		
20c. TIME OF INJUR Haur a. m. p. m.		20d. INJURY OCCURRED While Nat while It wark at wark		OF INJURY (Home, farr , street, office bldg., etc		wn)	(Caunty)	(State
21. I certify that saw the decease 22a. SIGNATURE	Valland	Mended the deceased		th accurred a Discourse ATTENDING DEPTHYS.	M, fram the			(I) (we) last
22c. PHYSICIAN'S NAME (Type)	E.C.H.	Schme	idt	22d. AND ESS	2	Man	len	L
23a. BURIAL, CREMATIO REMOVAL (Specify)		23c. NAME OF CEM	Letery OR C	REMATORY CENTS	23d. LOCATION	(City, town of count	7,	(State)
24. UNERAL DIRECTOR	SSIGNATURE 00	ADDRESS 0	10 - 1	25g. REC	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE S. Kraus	

TO FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, TO FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remare corban propers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremotion, ar remayal, and in any event, within 77 hours after death.

TO HOSPITAL OR ATTENS VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

C	ERT	IFI	CA	TE	OF	DE	ATH

_					
	PLACE OF DEATH O. COUNTY Tallot	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If instit b. COUN	tution: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITYOR TOWN (If outside corporate limits, write RURAL and give nearest town)		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress) Spital	d. STREET ADDRESS	were !	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) Jam es	Middle Harford	Young	OF F	Nonth Day Year 8 196/
S.	SEX 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH /	9. AGE (In year lost birthday	Months Days Hours Min.
100	during most of working life, even if retired)	shing topterus	TRY 11. BIRTHPLACE (Stole of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME String		14. MOTHER'S MAIDEN N	arrison	
1S.	WAS DECEASED EVER IN U. A. ARMED FORCES? 16. (If yes, give war or dates of service) 2.0	SOCIAL SECURITY NO. 17. IN	Leon Men	ng Grass	norelle Mal _
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	of for (o), (b), and (c).	i lhor	Moder	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause lost. (b)				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Haur a. m. While p. m. 19 of war	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		(County) (State
	21. I certify that (I) (this besoftal) attended the deceased fram				
	220. SIGNATURE OF HALL	4		D. STAFF	9756-196 SIGNED
	22c. PHYSICIAN'S F. C. H. Schmidt 22d. Appens In May land.				
23	O. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town	the Many Court
24	FUNERAL DIRECTOR'S SIGNATURE	Collevelle 1	DATE F	EB 1 4 '61	EGISTRAR'S SIGNATURE CATHUR S. Hrand

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